



# State of Louisiana

## Department of Health and Hospitals Office of Public Health

### APPLICATION FOR LOUISIANA OPERATOR CERTIFICATE

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street or Post Office Box

\_\_\_\_\_  
City State Parish Zip

OpID or SS#: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Parish: \_\_\_\_\_  
City or Company

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street or Post Office Box City State Zip

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Regular fees are based on the number of certificates and are figured separately for water and wastewater.  
The first certificate is \$20. Each additional certificate is \$10 each. **DO NOT SEND CASH!**

Please make checks payable to: **"Committee of Certification"**  
and mail to **P O Box 4489 Bin # 10 Box # 6 Baton Rouge La 70821**

**NO NEW certificates will be issued without proof of education. The Certification Office must have a copy of your HIGH SCHOOL DIPLOMA or GED on file. If we do not already have your proof of education on file, please attach a copy to this application.**

**Certification Based on Reciprocity Request      Yes      No**

**Circle Certificate(s) Requested**

Water Production      \*0 1 2 3 4  
Water Treatment      \*0 1 2 3 4  
Water Distribution      \*0 1 2 3 4  
Wastewater Treatment      \*0 1 2 3 4  
Wastewater Collection      \*0 1 2 3 4

Certificate Fees:	Water	Wastewater
One Certificate	\$20	\$20
Two Certificates	\$30	\$30
Three Certificates	\$40	
Duplicate/Replacement Certificate		\$5each

**Total Enclosed** \_\_\_\_\_

**(This application will be returned if not filled out completely)**

**\*0 – Operator-in-Training Certificate – May not be designated as operator of the system.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant